FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
14 OCT 17 AM 11:32
Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

Cam Cavasso for U.S. Senate

ADDRESS (number and street) ▼ 41-530 Waikupanaha Street

☐ Check if different than previously reported. (ACC)

Waimanalo | HI | 96795 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00405852

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT HI

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☒ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 21 / 2014 through 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Raynette K Nicholson

Signature of Treasurer *Raynette K Nicholson* Date 10 / 11 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

FE5AN018

14029982095

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Cam Cavasso for U.S. Senate

Report Covering the Period: From: 07 / 21 / 2014 To: 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	34446.00	167880.01
(b) Total Contribution Refunds (from Line 20(d)) ..	4106.53	4556.53
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..	30339.47	163323.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	33623.86	170072.70
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	2165.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..	33623.86	167907.02
8. Cash on Hand at Close of Reporting Period (from Line 27)...	5669.11	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) ...	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) ...	126559.07	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14029982096

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

Cam Cavasso for U.S. Senate

Report Covering the Period: From: 07 / 21 / 2014 To: 09 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)...	24200.00	128105.00
(ii) Unitemized.....	6246.00	19237.01
(iii) TOTAL of contributions from individuals . ▶	30446.00	147342.01
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)..	4000.00	13000.00
(d) The Candidate.....	0.00	7538.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34446.00	167880.01
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate...	0.00	115372.27
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	115372.27
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..	0.00	2165.68
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	34446.00	285417.96

14029822097

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	33623.86	170072.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	4582.14	116233.57
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	4582.14	116233.57
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	4106.53	4556.53
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	4106.53	4556.53
21. OTHER DISBURSEMENTS...	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	42312.53	290862.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	13535.64
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	34446.00
25. SUBTOTAL (add Line 23 and Line 24)...	47981.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	42312.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	5669.11

14020982098

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Joseph Chaulklin
Mailing Address 5311 Hauaala Rd.
City: Kapaa | State: HI | Zip Code: 96746
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Builder
Receipt For: 2014
[ ] Primary [ ] General [X] Other (specify) Special-General
Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 23 / 2014
Transaction ID : SA11AI.8491
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Gerald L Coffee
Mailing Address P.O. Box 8
City: Aiea | State: HI | Zip Code: 96701
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Retired
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1100.00

Date of Receipt: 08 / 08 / 2014
Transaction ID : SA11AI.8257
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Joseph Correa III
Mailing Address 41-669 Ahiki Street
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Self
Receipt For: 2014
[ ] Primary [ ] General [X] Other (specify) Special-General
Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 03 / 2014
Transaction ID : SA11AI.8580
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) 2100.00

TOTAL This Period (last page this line number only) .....

14029820999

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) — PAGE 6 OF 93

[X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Cynthia L Dodson
Mailing Address 12433 Whisper Creek Ct
City: Charlotte Hall | State: MD | Zip Code: 20623
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2014 — [ ] Primary [ ] General [X] Other (specify) Special-General
Election Cycle-to-Date: 2200.00

Date of Receipt: 09 / 15 / 2014
Transaction ID : SA11AI.8454
Amount of Each Receipt this Period: 700.00

B.
Full Name (Last, First, Middle Initial)
Glenn Evans
Mailing Address 11631 Martha Ann Dr.
City: Rossmoor | State: CA | Zip Code: 90720
FEC ID number of contributing federal political committee: C
Name of Employer: Mass Mutual
Occupation: Registered Rep.
Receipt For: 2014 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 07 / 2014
Transaction ID : SA11AI.8249
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
William E Fox
Mailing Address 47-707 Huialala St
City: Kaneoh | State: HI | Zip Code: 96744
FEC ID number of contributing federal political committee: C
Name of Employer: Fox Built
Occupation: Electric Conductor
Receipt For: 2014 — [ ] Primary [ ] General [X] Other (specify) Special-General
Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 21 / 2014
Transaction ID : SA11AI.8323
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) 1450.00

TOTAL This Period (last page this line number only) .....

14029821000

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) — PAGE 7 OF 93

☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Carl Frazier
Mailing Address 98-838 B Kaonohi St
City: Aiea | State: HI | Zip Code: 96701
FEC ID number of contributing federal political committee. C
Name of Employer: Cornerstone Properties
Occupation: Property Manager
Receipt For: 2014 ☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 12 / 2014
Transaction ID : SA11AI.8665
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
James E Hallstrom Jr.
Mailing Address 1003 Bishop Street Suite 1350
City: Honolulu | State: HI | Zip Code: 96813
FEC ID number of contributing federal political committee. C
Name of Employer: The Hallstrom Group
Occupation: Realtor Consultant
Receipt For: 2014 ☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 1200.00

Date of Receipt: 08 / 19 / 2014
Transaction ID : SA11AI.8328
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Jamin Hiebert
Mailing Address 92-1479 Hoalii Street
City: Kapolei | State: HI | Zip Code: 96707
FEC ID number of contributing federal political committee. C
Name of Employer: Altres
Occupation: Laborer
Receipt For: 2014 ☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 10 / 2014
Transaction ID : SA11AI.8471
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) 1600.00

TOTAL This Period (last page this line number only) .....

14029821101

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 8 OF 93

☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Caroline Y Kim
Mailing Address 3155 Alani Dr.
City: Honolulu | State: HI | Zip Code: 96822
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Self
Receipt For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 21 / 2014
Transaction ID : SA11AI.8478
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Ella S Konno
Mailing Address 99-781 Aumakiki Pl
City: Aiea | State: HI | Zip Code: 96701
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Self
Receipt For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 26 / 2014
Transaction ID : SA11AI.8427
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Paul Lai
Mailing Address 512 Puuikena Dr.
City: Honolulu | State: HI | Zip Code: 96821
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Developer
Receipt For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 1787.00

Date of Receipt: 08 / 29 / 2014
Transaction ID : SA11AI.8378
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only) .....

14029821902

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Brian K Lee
Mailing Address 5728 Newfields Lane
City: Dublin | State: CA | Zip Code: 94568
FEC ID number of contributing federal political committee: C
Name of Employer: Mass Mutual
Occupation: General Agent
Receipt For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 25 / 2014
Transaction ID : SA11AI.8322
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
David Lundquist
Mailing Address 41-980 Kakaina Street
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Self
Receipt For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 2600.00

Date of Receipt: 09 / 02 / 2014
Transaction ID : SA11AI.8415
Amount of Each Receipt this Period: 2600.00

C.
Full Name (Last, First, Middle Initial)
Ely M Lundquist
Mailing Address 41980 Kakaina St
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Self
Receipt For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 400.00

Date of Receipt: 09 / 02 / 2014
Transaction ID : SA11AI.8676
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional): 4000.00

TOTAL This Period (last page this line number only):

14020982103

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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[X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Peter T Mashimo
Mailing Address 46-252 Kapea Place
City: Kaneohe | State: HI | Zip Code: 96744
FEC ID number of contributing federal political committee.: C
Name of Employer: Self Employed
Occupation: Dentist
Receipt For: 2014 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 550.00

Date of Receipt: 08 / 08 / 2014
Transaction ID : SA11AI.8254
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial)
James Matichuk
Mailing Address 1913 10th Ave
City: Honolulu | State: HI | Zip Code: 96816
FEC ID number of contributing federal political committee.: C
Name of Employer: Hawaii Architech Inc
Occupation: Architect
Receipt For: 2014 — [ ] Primary [ ] General [X] Other (specify) Special-General
Election Cycle-to-Date: 2000.00

Date of Receipt: 08 / 19 / 2014
Transaction ID : SA11AI.8330
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Michael Menerey
Mailing Address 333 S Hope St
City: Los Angeles | State: CA | Zip Code: 90071
FEC ID number of contributing federal political committee.: C
Name of Employer: Financial Advisor
Occupation: Financial advisor
Receipt For: 2014 — [ ] Primary [ ] General [X] Other (specify) Special-General
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 12 / 2014
Transaction ID : SA11AI.8673
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 1450.00

TOTAL This Period (last page this line number only) .....

14029821047

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) — PAGE 11 OF 93

[X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Marcia Murphy
Mailing Address 68-155 Au Street
PH3
City: Waialua | State: HI | Zip Code: 96791
FEC ID number of contributing federal political committee: C
Name of Employer: Pacific One Mortgage
Occupation: Mortgage Broker
Receipt For: 2014 — [ ] Primary [ ] General [X] Other (specify) Special-General
Election Cycle-to-Date: 300.00

Date of Receipt: 08 / 19 / 2014
Transaction ID : SA11AI.8325
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Robert N Nash
Mailing Address 1516 Ashley Wood Circle
City: Birmingham | State: AL | Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2014 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 23 / 2014
Transaction ID : SA11AI.8225
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Next Century Fund PAC
Mailing Address 116 S Royal St.
City: Alexandria | State: VA | Zip Code: 22314
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014 — [ ] Primary [ ] General [X] Other (specify) Special-General
Election Cycle-to-Date: 10000.00

Date of Receipt: 08 / 28 / 2014
Transaction ID : SA11AI.8584
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) 5550.00

TOTAL This Period (last page this line number only) .....

14029821105

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Al Nibecker
Mailing Address P.O. Box 682
City: Honokaa | State: HI | Zip Code: 96727
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Farmer
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 31 / 2014
Transaction ID : SA11AI.8296
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Lisa Ann Onaga
Mailing Address 701 Beard Ave
City: Honolulu | State: HI | Zip Code: 96818
FEC ID number of contributing federal political committee: C
Name of Employer: US Air Force
Occupation: US Air Force
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 07 / 31 / 2014
Transaction ID : SA11AI.8241
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Tadd Rienstra
Mailing Address 94-1007 Laiama Loop
City: Waipahu | State: HI | Zip Code: 96797
FEC ID number of contributing federal political committee: C
Name of Employer: Christian Construction
Occupation: General Contractor
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2250.00

Date of Receipt: 08 / 01 / 2014
Transaction ID : SA11AI.8194
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) 1350.00

TOTAL This Period (last page this line number only) .....

14020982136

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 13 OF 93

☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Tadd Rienstra
Mailing Address 94-1007 Laiama Loop
City: Waipahu | State: HI | Zip Code: 96797
FEC ID number of contributing federal political committee: C
Name of Employer: Christian Construction
Occupation: General Contractor
Receipt For: 2014 ☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 3250.00

Date of Receipt: 09 / 08 / 2014
Transaction ID : SA11AI.8407
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Robert Salwasser
Mailing Address 1020 W Homestead Rd
City: Sunnyvale | State: CA | Zip Code: 94087
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Self
Receipt For: 2014 ☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 1500.00

Date of Receipt: 08 / 12 / 2014
Transaction ID : SA11AI.8655
Amount of Each Receipt this Period: 1500.00

C.
Full Name (Last, First, Middle Initial)
Garner M Shimizu
Mailing Address 1734 Ala Aolani Pl.
City: Honolulu | State: HI | Zip Code: 96819
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Consultant
Receipt For: 2014 ☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 27 / 2014
Transaction ID : SA11AI.8377
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 2750.00

TOTAL This Period (last page this line number only) .....

14029821107

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Darrel Siu
Mailing Address 99-583 Auhau Pl
City: Aiea | State: HI | Zip Code: 96701
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Bussiness Owner
Receipt For: 2014 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1750.00

Date of Receipt: 08 / 08 / 2014
Transaction ID : SA11AI.8256
Amount of Each Receipt this Period: 750.00

B.
Full Name (Last, First, Middle Initial)
James E Swygard Jr.
Mailing Address 1296 Kapiolani Blvd. #3705
City: Honolulu | State: HI | Zip Code: 96814
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2014 — [ ] Primary [ ] General [X] Other (specify) Special-General
Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 29 / 2014
Transaction ID : SA11AI.8381
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Wayne Tanaka
Mailing Address 1001 Bishop Street Suite 2600
City: Honolulu | State: HI | Zip Code: 96813
FEC ID number of contributing federal political committee: C
Name of Employer: Mass Mutual
Occupation: General Manager
Receipt For: 2014 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 23 / 2014
Transaction ID : SA11AI.8231
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional): 1850.00

TOTAL This Period (last page this line number only):

14029821038

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 15 OF 93

☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Robert C Twogood
Mailing Address 46-094 Ipuka St
City: Kaneohe | State: HI | Zip Code: 96744
FEC ID number of contributing federal political committee: C
Name of Employer: Twogood Kayaks Hawaii Inc
Occupation: President/Business Owner
Receipt For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 300.00

Date of Receipt: 08 / 18 / 2014
Transaction ID : SA11AI.8331
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only) 24200.00

14029821609

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 16 OF 93

☐ 11a ☐ 11b ☒ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE
Mailing Address 801 G STREET NW
City: WASHINGTON | State: DC | Zip Code: 20001
FEC ID number of contributing federal political committee: C C00452383
Name of Employer | Occupation
Receipt For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 15 / 2014
Transaction ID : SA11C.8450
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
MassMutual PAC
Mailing Address 1295 State Street
City: Springfield | State: MA | Zip Code: 01111-0001
FEC ID number of contributing federal political committee: C C00118943
Name of Employer | Occupation
Receipt For: 2014
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 09 / 15 / 2014
Transaction ID : SA11C.8452
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
National Association of Insurance and Financial Advisors PAC
Mailing Address 2901 Telestar Court
City: Falls Church | State: VA | Zip Code: 22042
FEC ID number of contributing federal political committee: C C00005249
Name of Employer | Occupation
Receipt For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 02 / 2014
Transaction ID : SA11C.8417
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) 4000.00

TOTAL This Period (last page this line number only) 4000.00

14020982110

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Serice Fees

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 7.95

Transaction ID : SB17.8351

B.
Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: AMEX Payment

Candidate Name

Category/Type: 007

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 94.75

Transaction ID : SB17.8610

C.
Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Travel

Candidate Name

Category/Type: 002

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 1981.12

Transaction ID : SB17.8619

SUBTOTAL of Disbursements This Page (optional) 2083.82

TOTAL This Period (last page this line number only) .....

14029821111

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Admin

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 540.51

Transaction ID : SB17.8620

B. Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Service fee

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 09 / 02 / 2014

Amount of Each Disbursement this Period: 7.95

Transaction ID : SB17.8543

C. Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Admin

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 09 / 08 / 2014

Amount of Each Disbursement this Period: 135.96

Transaction ID : SB17.8625

SUBTOTAL of Disbursements This Page (optional) 684.42

TOTAL This Period (last page this line number only) .....

14029821112

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Anedot

Mailing Address 5555 Hilton Ave.
#106

City: Baton Rouge | State: LA | Zip Code: 70808

Purpose of Disbursement: Fees and Services

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-Primary

Date of Disbursement: 09 / 30 / 2014

Amount of Each Disbursement this Period: 552.02

Transaction ID : SB17.8651

B. Full Name (Last, First, Middle Initial)
Barclay Card US Creditcard

Mailing Address P.O. Box 13337

City: Philadelphia | State: PA | Zip Code: 19101

Purpose of Disbursement: Travel

Candidate Name

Category/Type: 002

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 09 / 08 / 2014

Amount of Each Disbursement this Period: 955.61

Transaction ID : SB17.8623

C. Full Name (Last, First, Middle Initial)
Andresen Blom

Mailing Address 101 Asbury Court

City: Winchester | State: VA | Zip Code: 22602

Purpose of Disbursement: Proffesional Services

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 09 / 18 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.8601

SUBTOTAL of Disbursements This Page (optional) 2507.63

TOTAL This Period (last page this line number only) .....

14029821137

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Christian Murakami
Mailing Address 7040 Hawaii Kai Dr. #25747
City: Honolulu | State: HI | Zip Code: 96825
Purpose of Disbursement: Professional Services - Consultant
Category/Type: 001
Candidate Name
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014
[ ] Primary [ ] General [X] Other (specify) Special-General
Date of Disbursement: 07 / 29 / 2014
Amount of Each Disbursement this Period: 300.00
Transaction ID : SB17.8372

B.
Full Name (Last, First, Middle Initial)
Christian Murakami
Mailing Address 7040 Hawaii Kai Dr. #25747
City: Honolulu | State: HI | Zip Code: 96825
Purpose of Disbursement: Professional Services - Consulting
Category/Type: 001
Candidate Name
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014
[ ] Primary [ ] General [X] Other (specify) Special-General
Date of Disbursement: 08 / 13 / 2014
Amount of Each Disbursement this Period: 900.00
Transaction ID : SB17.8361

C.
Full Name (Last, First, Middle Initial)
Global Payments
Mailing Address 10 Glenlake Parkway NE
City: Atlanta | State: GA | Zip Code: 30328
Purpose of Disbursement: Service Fees
Category/Type: 001
Candidate Name
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014
[ ] Primary [ ] General [X] Other (specify) Special-General
Date of Disbursement: 08 / 04 / 2014
Amount of Each Disbursement this Period: 35.44
Transaction ID : SB17.8350

SUBTOTAL of Disbursements This Page (optional) 1235.44

TOTAL This Period (last page this line number only) .....

14029821145

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Global Payments

Mailing Address 10 Glenlake Parkway NE

City: Atlanta | State: GA | Zip Code: 30328

Purpose of Disbursement: Service fee

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General

Date of Disbursement: 09 / 03 / 2014

Amount of Each Disbursement this Period: 35.44

Transaction ID : SB17.8541

B. Full Name (Last, First, Middle Initial)
Green Apple

Mailing Address 4355 Lawehana St. # 6

City: Honolulu | State: HI | Zip Code: 96818

Purpose of Disbursement:

Candidate Name

Category/Type: 006

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General

Date of Disbursement: 08 / 31 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.8390

C. Full Name (Last, First, Middle Initial)
Intuit, Inc

Mailing Address 2632 Marine Way

City: Mountain View | State: CA | Zip Code: 94043

Purpose of Disbursement: Office

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General

Date of Disbursement: 08 / 08 / 2014

Amount of Each Disbursement this Period: 25.34

Transaction ID : SB17.8374

SUBTOTAL of Disbursements This Page (optional) 3060.78

TOTAL This Period (last page this line number only) .....

14029821155

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Intuit, Inc

Mailing Address 2632 Marine Way

City: Mountain View | State: CA | Zip Code: 94043

Purpose of Disbursement: Office

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 09 / 08 / 2014

Amount of Each Disbursement this Period: 25.34

Transaction ID : SB17.8540

B. Full Name (Last, First, Middle Initial)
Jorge Gurrola

Mailing Address 1095 Lunaanela St.

City: Kailua | State: HI | Zip Code: 96734

Purpose of Disbursement: Computer and Internet Services

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 08 / 13 / 2014

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.8362

C. Full Name (Last, First, Middle Initial)
Ken Butcher

Mailing Address 1312 Aheahe Ave.

City: Wahiawa | State: HI | Zip Code: 96786

Purpose of Disbursement: IT Consultant

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 07 / 23 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.8268

SUBTOTAL of Disbursements This Page (optional) 2025.34

TOTAL This Period (last page this line number only) .....

14020982116

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Ken Butcher

Mailing Address 1312 Aheahe Ave.

City: Wahiawa | State: HI | Zip Code: 96786

Purpose of Disbursement: It Consulting

Candidate Name

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 07 / 27 / 2014

Amount of Each Disbursement this Period: 480.00

Transaction ID : SB17.8341

B. Full Name (Last, First, Middle Initial)
Ken Butcher

Mailing Address 1312 Aheahe Ave.

City: Wahiawa | State: HI | Zip Code: 96786

Purpose of Disbursement: Tech Support

Candidate Name

Category/ Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 08 / 29 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.8391

C. Full Name (Last, First, Middle Initial)
Reskyu

Mailing Address 756 Bannister St.

City: Honolulu | State: HI | Zip Code: 96819

Purpose of Disbursement: Campaign Materials

Candidate Name

Category/ Type: 006

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 07 / 25 / 2014

Amount of Each Disbursement this Period: 5507.85

Transaction ID : SB17.8345

SUBTOTAL of Disbursements This Page (optional) 6987.85

TOTAL This Period (last page this line number only) .....

14029821117

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Resource Partners Hawaii, LLC

Mailing Address 207 Puuhale Rd.

City: Honolulu | State: HI | Zip Code: 96819

Purpose of Disbursement

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 08 / 19 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.8285

B. Full Name (Last, First, Middle Initial)
Resource Partners Hawaii, LLC

Mailing Address 207 Puuhale Rd.

City: Honolulu | State: HI | Zip Code: 96819

Purpose of Disbursement

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 08 / 19 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.8286

C. Full Name (Last, First, Middle Initial)
Ring Central

Mailing Address 1400 Fashion island Blvd.

City: San Mateo | State: CA | Zip Code: 94404

Purpose of Disbursement
Telephone and cable

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 08 / 29 / 2014

Amount of Each Disbursement this Period: 68.63

Transaction ID : SB17.8534

SUBTOTAL of Disbursements This Page (optional) 2068.63

TOTAL This Period (last page this line number only) .....

14020982118

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Ring Central

Mailing Address 1400 Fashion island Blvd.

City: San Mateo | State: CA | Zip Code: 94404

Purpose of Disbursement: Telephone

Candidate Name

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [ ] General
[X] Other (specify) Special-General

Date of Disbursement: 09 / 29 / 2014

Amount of Each Disbursement this Period: 68.63

Transaction ID : SB17.8595

B. Full Name (Last, First, Middle Initial)
Christine Stevens

Mailing Address 350 Ward Ave. Ste 106-331

City: Honolulu | State: HI | Zip Code: 96814

Purpose of Disbursement: Survey Post Campaign

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [ ] General
[X] Other (specify) Special-General

Date of Disbursement: 09 / 18 / 2014

Amount of Each Disbursement this Period: 600.00

Transaction ID : SB17.8551

C. Full Name (Last, First, Middle Initial)
The Green Apple LLC

Mailing Address 4355 Lawehana St. #6

City: Kailua | State: HI | Zip Code: 96818

Purpose of Disbursement: Flyers and Cards

Candidate Name

Category/Type: 006

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 07 / 23 / 2014

Amount of Each Disbursement this Period: 1627.22

Transaction ID : SB17.8277

SUBTOTAL of Disbursements This Page (optional) 2295.85

TOTAL This Period (last page this line number only) .....

14020982119

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
The Green Apple LLC

Mailing Address 4355 Lawehana St. #6

City: Kailua | State: HI | Zip Code: 96818

Purpose of Disbursement: Campaign Materials

Candidate Name

Category/Type: 006

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 29 / 2014

Amount of Each Disbursement this Period: 1837.70

Transaction ID : SB17.8278

B. Full Name (Last, First, Middle Initial)
The Plaza Club

Mailing Address 900 Fort St. Mall #2000

City: Honolulu | State: HI | Zip Code: 96813

Purpose of Disbursement: Meeting Room

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 18 / 2014

Amount of Each Disbursement this Period: 179.73

Transaction ID : SB17.8264

C. Full Name (Last, First, Middle Initial)
USAA

Mailing Address P.O. Box 65020

City: San Antonio | State: TX | Zip Code: 78265

Purpose of Disbursement: Admin

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General

Date of Disbursement: 08 / 17 / 2014

Amount of Each Disbursement this Period: 2068.16

Transaction ID : SB17.8643

SUBTOTAL of Disbursements This Page (optional) 4085.59

TOTAL This Period (last page this line number only) .....

14020982120

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
USAA
Mailing Address P.O. Box 65020
City: San Antonio | State: TX | Zip Code: 78265
Purpose of Disbursement: Admin
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Date of Disbursement: 09 / 17 / 2014
Amount of Each Disbursement this Period: 427.01
Transaction ID : SB17.8635

B.
Full Name (Last, First, Middle Initial)
USAA
Mailing Address P.O. Box 65020
City: San Antonio | State: TX | Zip Code: 78265
Purpose of Disbursement: Travel
Candidate Name
Category/Type: 002
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-Primary
Date of Disbursement: 09 / 17 / 2014
Amount of Each Disbursement this Period: 1127.12
Transaction ID : SB17.8636

C.
Full Name (Last, First, Middle Initial)
USAA
Mailing Address P.O. Box 65020
City: San Antonio | State: TX | Zip Code: 78265
Purpose of Disbursement: Advertise
Candidate Name
Category/Type: 004
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Special-General
Date of Disbursement: 09 / 17 / 2014
Amount of Each Disbursement this Period: 1207.40
Transaction ID : SB17.8637

SUBTOTAL of Disbursements This Page (optional) 2761.53

TOTAL This Period (last page this line number only) .....

14020982121

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 41-859 Kalanianaole Hwy

City: Waimanalo | State: HI | Zip Code: 96795

Purpose of Disbursement: Postage

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [ ] General [X] Other (specify) Special-General

Date of Disbursement: 07 / 30 / 2014

Amount of Each Disbursement this Period: 49.00

Transaction ID : SB17.8349

B. Full Name (Last, First, Middle Initial)
Vincent L. Anderson Consulting

Mailing Address 1148 Wilder Ave. #11

City: Honolulu | State: HI | Zip Code: 96822

Purpose of Disbursement: Consultant

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [ ] General [X] Other (specify) Special-General

Date of Disbursement: 07 / 24 / 2014

Amount of Each Disbursement this Period: 786.00

Transaction ID : SB17.8342

C. Full Name (Last, First, Middle Initial)
Webconnex

Mailing Address 455 Capitol Mall
Suite 325

City: Sacramento | State: CA | Zip Code: 95814

Purpose of Disbursement: Advertising

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [ ] General [X] Other (specify) Special-General

Date of Disbursement: 08 / 15 / 2014

Amount of Each Disbursement this Period: 59.00

Transaction ID : SB17.8370

SUBTOTAL of Disbursements This Page (optional) 894.00

TOTAL This Period (last page this line number only) .....

14020982122

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Webconnex

Mailing Address 455 Capitol Mall
Suite 325

City: Sacramento | State: CA | Zip Code: 95814

Purpose of Disbursement: Advertising

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 09 / 16 / 2014

Amount of Each Disbursement this Period: 59.00

Transaction ID : SB17.8538

B. Full Name (Last, First, Middle Initial)
William McClary

Mailing Address 45-319 Kahiko St.

City: Kaneohe | State: HI | Zip Code: 96744

Purpose of Disbursement: Campaign Consultant

Candidate Name:

Category/Type: 007

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 07 / 23 / 2014

Amount of Each Disbursement this Period: 232.75

Transaction ID : SB17.8280

C. Full Name (Last, First, Middle Initial)
William McClary

Mailing Address 45-319 Kahiko St.

City: Kaneohe | State: HI | Zip Code: 96744

Purpose of Disbursement: Campaign Consulting

Candidate Name:

Category/Type: 007

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 08 / 15 / 2014

Amount of Each Disbursement this Period: 285.00

Transaction ID : SB17.8274

SUBTOTAL of Disbursements This Page (optional) 576.75

TOTAL This Period (last page this line number only) .....

14029821213

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
William McClary

Mailing Address 45-319 Kahiko St.

City: Kaneohe | State: HI | Zip Code: 96744

Purpose of Disbursement: Campaign

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 08 / 26 / 2014

Amount of Each Disbursement this Period: 88.04

Transaction ID : SB17.8393

B.
Full Name (Last, First, Middle Initial)
William McClary

Mailing Address 45-319 Kahiko St.

City: Kaneohe | State: HI | Zip Code: 96744

Purpose of Disbursement: Campaign Consultant/ Manager

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 09 / 18 / 2014

Amount of Each Disbursement this Period: 1600.00

Transaction ID : SB17.8555

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement: / /

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 1688.04

TOTAL This Period (last page this line number only) 32955.67

14020982124

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Loan Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2014
Amount of Each Disbursement this Period: 175.00
Transaction ID : SB19A.8639

B.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Loan Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 19 / 2014
Amount of Each Disbursement this Period: 175.00
Transaction ID : SB19A.8631

C.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Loan Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 18 / 2014
Amount of Each Disbursement this Period: 175.00
Transaction ID : SB19A.8648

SUBTOTAL of Disbursements This Page (optional) 525.00

TOTAL This Period (last page this line number only) .....

14029821255

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Loan Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2014
Amount of Each Disbursement this Period: 513.00
Transaction ID : SB19A.8640

B.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Loan Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 19 / 2014
Amount of Each Disbursement this Period: 513.00
Transaction ID : SB19A.8632

C.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Loan Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 18 / 2014
Amount of Each Disbursement this Period: 513.00
Transaction ID : SB19A.8647

SUBTOTAL of Disbursements This Page (optional) 1539.00

TOTAL This Period (last page this line number only) .....

14020982126

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2911
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Loan Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2014
Amount of Each Disbursement this Period: 56.00
Transaction ID : SB19A.8641

B.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2911
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Loan Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 19 / 2014
Amount of Each Disbursement this Period: 56.00
Transaction ID : SB19A.8633

C.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2911
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Loan Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 18 / 2014
Amount of Each Disbursement this Period: 56.00
Transaction ID : SB19A.8649

SUBTOTAL of Disbursements This Page (optional) 168.00

TOTAL This Period (last page this line number only) .....

14020982127

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Campbell Cavasso-3240

Mailing Address 41-530 Waikupanaha Street

City: Waimanalo | State: HI | Zip Code: 96795

Purpose of Disbursement: Credit Card Payment

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 07 / 21 / 2014

Amount of Each Disbursement this Period: 400.14

Transaction ID : SB19A.8609

B. Full Name (Last, First, Middle Initial)
Campbell Cavasso-4528

Mailing Address 41-530 Waikupanaha Street

City: Waimanalo | State: HI | Zip Code: 96795

Purpose of Disbursement: Loan Payment

Candidate Name

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 07 / 28 / 2014

Amount of Each Disbursement this Period: 650.00

Transaction ID : SB19A.8642

C. Full Name (Last, First, Middle Initial)
Campbell Cavasso-4528

Mailing Address 41-530 Waikupanaha Street

City: Waimanalo | State: HI | Zip Code: 96795

Purpose of Disbursement: Loan Payment

Candidate Name

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 08 / 26 / 2014

Amount of Each Disbursement this Period: 650.00

Transaction ID : SB19A.8634

SUBTOTAL of Disbursements This Page (optional) 1700.14

TOTAL This Period (last page this line number only) .....

14029821128

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-4528
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: LOan Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 26 / 2014
Amount of Each Disbursement this Period: 650.00
Transaction ID : SB19A.8650

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 650.00

TOTAL This Period (last page this line number only) 4582.14

14020982129

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Travel

Candidate Name

Category/Type: 002

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-Primary

Date of Disbursement: 09 / 08 / 2014

Amount of Each Disbursement this Period: 1363.94

Transaction ID : SB20A.8626

B. Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Advertise

Candidate Name

Category/Type: 004

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 09 / 08 / 2014

Amount of Each Disbursement this Period: 2062.80

Transaction ID : SB20A.8627

C. Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Campaign Event

Candidate Name

Category/Type: 007

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 09 / 08 / 2014

Amount of Each Disbursement this Period: 131.37

Transaction ID : SB20A.8628

SUBTOTAL of Disbursements This Page (optional) 3558.11

TOTAL This Period (last page this line number only) .....

14020982130

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Ken Butcher

Mailing Address 1312 Aheahe Ave.

City: Wahiawa | State: HI | Zip Code: 96786

Purpose of Disbursement:

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 08 / 12 / 2014

Amount of Each Disbursement this Period: 1.00

Transaction ID : SB20A.8666

B. Full Name (Last, First, Middle Initial)
USAA

Mailing Address P.O. Box 65020

City: San Antonio | State: TX | Zip Code: 78265

Purpose of Disbursement: Travel

Candidate Name:

Category/ Type: 002

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 08 / 17 / 2014

Amount of Each Disbursement this Period: 291.38

Transaction ID : SB20A.8644

C. Full Name (Last, First, Middle Initial)
USAA

Mailing Address P.O. Box 65020

City: San Antonio | State: TX | Zip Code: 78265

Purpose of Disbursement: Campaign Events

Candidate Name:

Category/ Type: 007

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-General

Date of Disbursement: 08 / 17 / 2014

Amount of Each Disbursement this Period: 256.04

Transaction ID : SB20A.8645

SUBTOTAL of Disbursements This Page (optional) 548.42

TOTAL This Period (last page this line number only) 4106.53

14020982131

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6977

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1989.95	1611.72	378.23

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
08 / 18 / 2011	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 378.23

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821372

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7003

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
10 / 17 / 2011	12/31/2016	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	1500.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020821421

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7004

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
11 / 07 / 2011	/ / 12/31/2016	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 1200.00

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821374

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7005

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
12 / 02 / 2011	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	1000.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982135

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7007

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
12 / 28 / 2011	12/31/2016	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	300.00
TOTALS This Period (last page in this line only)... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982136

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7042

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
01 / 04 / 2012	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	400.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982137

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7043

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
01 / 20 / 2012	/ / 12/31/16	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 800.00

TOTALS This Period (last page in this line only).. ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821138

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7044

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
680.00	0.00	680.00

TERMS

Date Incurred: 02 / 13 / 2012 | Date Due: M M / D D / 12/31/16 | Interest Rate: 0.00 % (apr) | Secured: [ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).... ▶	680.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821369

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7045

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
650.00	0.00	650.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
03 / 02 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	650.00
TOTALS This Period (last page in this line only)... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029982140

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7046

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3200.00	0.00	3200.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
03 / 09 / 2012	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 3200.00

TOTALS This Period (last page in this line only).. ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982141

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7047

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
836.00	0.00	836.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 23 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	836.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982142

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7083

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 30 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 800.00

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982143

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7084

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1695.00	0.00	1695.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
05 / 31 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	1695.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821144

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7085

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
06 / 30 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	700.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821145

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7116

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
07 / 31 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	800.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982146

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7117

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3470.00	0.00	3470.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
08 / 31 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	3470.00
TOTALS This Period (last page in this line only)... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982147

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7118

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
09 / 30 / 2012	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	700.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982148

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7147

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: 10 / 02 / 2012 | Date Due: / / 12/31/16 | Interest Rate: 0.00 % (apr) | Secured: [ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	1000.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982149

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7148

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
10 / 18 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	100.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982150

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7149

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
11 / 09 / 2012	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 1500.00

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982151

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7150

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16500.00	14398.01	2101.99

TERMS

Date Incurred (M/D/Y)	Date Due (M/D/Y)	Interest Rate	Secured
12/03/2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 2101.99

TOTALS This Period (last page in this line only).. ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982152

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7197

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
01 / 03 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 2000.00

TOTALS This Period (last page in this line only).. ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821553

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7198

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1600.00	0.00	1600.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
01 / 22 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	1600.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821154

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7199

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
02 / 11 / 2013	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	1000.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821555

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7200

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
02 / 21 / 2013	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	1000.00
TOTALS This Period (last page in this line only)... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821156

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7203

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (M/D/Y)	Date Due (M/D/Y)	Interest Rate	Secured
03 / 05 / 2013	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	1000.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821157

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7204

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1100.00	0.00	1100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 27 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1100.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821158

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7250

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

TERMS

Date Incurred (M/D/Y)	Date Due (M/D/Y)	Interest Rate	Secured
04 / 08 / 2013	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	750.00
TOTALS This Period (last page in this line only)... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982159

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7251

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
04 / 25 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 300.00

TOTALS This Period (last page in this line only).. ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982160

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7252

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
05 / 16 / 2013	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 700.00

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821611

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7253

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan: 2000.00
Cumulative Payment To Date: 0.00
Balance Outstanding at Close of This Period: 2000.00

TERMS

Date Incurred: 06 / 12 / 2013
Date Due: 12/31/16
Interest Rate: 0.00 % (apr)
Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 2000.00

TOTALS This Period (last page in this line only).. ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7299

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
07 / 08 / 2013	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 2500.00

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821627

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7301

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
07 / 29 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	2000.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982164

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7302

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2100.00	0.00	2100.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
08 / 23 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	2100.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982165

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7675

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2014
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
09 / 06 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	3500.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982165

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7303

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1150.00	0.00	1150.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
09 / 09 / 2013	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	1150.00
TOTALS This Period (last page in this line only)... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821167

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7304

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 27 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 700.00

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821683

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7354

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
10 / 09 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	500.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982169

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7355

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

TERMS

Date Incurred (M/D/Y)	Date Due (M/D/Y)	Interest Rate	Secured
10 / 29 / 2013	/ /	0.00 % (apr)	[ ] Yes [X] No
	12/31/16		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	8000.00
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821760

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7356

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 25 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 200.00

TOTALS This Period (last page in this line only).. ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982171

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7357

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
12 / 13 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 500.00

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982172

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7358

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
12 / 31 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 200.00

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029982174

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7583

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate	Secured
01/09/2014	12/31/16	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	4000.00
TOTALS This Period (last page in this line only)... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821745

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7928

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso

Election: 2014
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 23 / 2014	/ / 2016	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	1000.00
TOTALS This Period (last page in this line only)... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821755

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6233

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2100.00	0.00	2100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 09 / 2010	/ / None	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 2100.00

TOTALS This Period (last page in this line only).. ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982175

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6300

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1870.36	1570.17	300.19

TERMS

Date Incurred (M/D/Y)	Date Due (M/D/Y)	Interest Rate	Secured
08 / 29 / 2010	/ / None	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 300.19

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982177

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6235

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan: 4500.00
Cumulative Payment To Date: 0.00
Balance Outstanding at Close of This Period: 4500.00

TERMS

Date Incurred: 04 / 02 / 2010
Date Due: / / None
Interest Rate: 0.00 % (apr)
Secured: [ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 4500.00

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982178

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6237

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	2052.00	2948.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
05 / 28 / 2010	/ / None	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	2948.00
TOTALS This Period (last page in this line only)... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982179

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6301

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2416.77	2313.22	103.55

TERMS

Date Incurred (M/D/Y)	Date Due (M/D/Y)	Interest Rate	Secured
08 / 29 / 2010	/ / None	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	103.55
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821800

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6250

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2911

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3562.86	2820.37	742.49

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
06 / 30 / 2010	None	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	742.49
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029982181

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6306

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-3240

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	887.70	112.30

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate	Secured
07/06/2010	None	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	112.30
TOTALS This Period (last page in this line only)... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020982182

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.8112

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso-3240

Election: 2014
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.14	400.14	0.00

TERMS

Date Incurred: 06 / 18 / 2014 | Date Due: M M / D D / 12/312016 | Interest Rate: 0.00 % (apr) | Secured: [ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).... ▶ 0.00

TOTALS This Period (last page in this line only).. ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982187

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7195

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-4528

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21595.75	12377.64	9218.11

TERMS

Date Incurred (M/D/Y)	Date Due (M/D/Y)	Interest Rate	Secured
11 / 02 / 2012	/ / None	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	9218.11
TOTALS This Period (last page in this line only).. ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982184

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.8117

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso-9003

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2014
☒ Primary
☐ General
☐ Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1703.07	1697.15	5.92

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
05 / 24 / 2014	/ / 12/31/2016	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 5.92

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020982185

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.8118

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso-9003

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2014
☒ Primary
☐ General
☐ Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
372.80	360.52	12.28

TERMS

Date Incurred: 06 / 25 / 2014 | Date Due: M M / D D / 12/31/2016 | Interest Rate: 0.00 % (apr) | Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	12.28
TOTALS This Period (last page in this line only)... ▶	81654.06

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14029821186

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ccAdvertising

Mailing Address 13800 Coppermine Road

City Herndon | State VA | Zip Code 20171

Nature of Debt (Purpose): Smart Get-Out-the-Vote survey

Transaction ID : SD10.4604

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
31652.90	0.00	0.00	31652.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ccAdvertising

Mailing Address 13800 Coppermine Road

City Herndon | State VA | Zip Code 20171

Nature of Debt (Purpose): Saturday GOTV call

Transaction ID : SD10.4606

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2694.36	0.00	0.00	2694.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ccAdvertising

Mailing Address 13800 Coppermine Road

City Herndon | State VA | Zip Code 20171

Nature of Debt (Purpose): GOTV Election Day Nov 2nd

Transaction ID : SD10.4607

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
10557.75	0.00	0.00	10557.75

1) **SUBTOTALS** This Period This Page (optional) ... ▶	44905.01
2) **TOTALS** This Period (last page this line number only) ... ▶	44905.01
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)... ▶	81654.06
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	126559.07

14029821837

FO FedEx Express FO FedEx Express FO FedEx Express F

ght® 147918 9/04 MWI FedEx First Overnight® 147918 9/04 MWI FedEx First Overnight® 147918 9/04 MWI FedEx First Overnight®

Express

RT FO FZ

0751 10.15

U. S. SENATE TRACKING NUMBER

13-060997

ORIGIN ID:HNLA

SHIP DATE: 13OCT14
ACTWGT: 1.4 LB
CAD: /OFFC1522
DIMS: 0x0x0 IN
BILL SENDER

UNITED STATES US

TO OFFICE OF PUBLIC RECORDS
SECRETARY OF THE SENATE
232 SENATE HART OFFICE BUILDIN

WASHINGTON DC 20510
(202) 224-0322 REF:
INV:
PO: DEPT:

FedEx Express

E

J14221408230126

Part # 156297-435 RIT2 05/14

FedEx **NEW** Package US Airbill (Express)

FedEx Tracking Number 8061 7736 0751

Form ID No. 0200

1 From

Date 10/13/14 [redacted]

Sender's Name Sandra Ahn Phone 808-5[illegible]-942

Company

Address 45-409 Pua Inia St. Dept./Floor/Suite/Room

City Kaneohe State HI ZIP 96744

2 Your Internal Billing Reference

3 To

Recipient's Name Secretary of the Senate Phone

Company Office of Public Records

Address 232 Hart Senate Ofc Bldg Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

HOLD Weekday — FedEx location address REQUIRED. NOT available for FedEx First Overnight.

HOLD Saturday — FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City Washington State DC ZIP 20510-7116

8061 7736 0751

Screened by Senate Post Office OCT 15 2014

4 Express Package Service *To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs., use the new FedEx Express Freight US Airbill.

Next Business Day

☒ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.

☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging *Declared value limit $500.

☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required — Package may be left without obtaining a signature for delivery.

☐ Direct Signature — Someone at recipient's address may sign for delivery. Fee applies.

☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

☒ No ☐ Yes As per attached Shipper's Declaration ☐ Yes Shipper's Declaration not required ☐ Dry Ice Dry Ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. ☐ Cargo Aircraft Only

7 Payment *Bill to:*

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. ☐

☐ Sender Acct. No. in Section 1 will be billed. ☐ Recipient ☐ Third Party ☒ Credit Card ☐ Cash/Check

[redacted]

Total Packages Total Weight ____ lbs. Credit Card Auth. [redacted]

*Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

644

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fedex.com 1.800.GoFedEx 1.800.463.3339

WED – 15 OCT 8:30A
FIRST OVERNIGHT

TRK# 0200 8061 7736 0751

X1 YKNA

20510
DC-US IAD

Align bottom of **Peel and Stick Airbill** or **Pouch** here.

14020982188

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	10/13/14	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

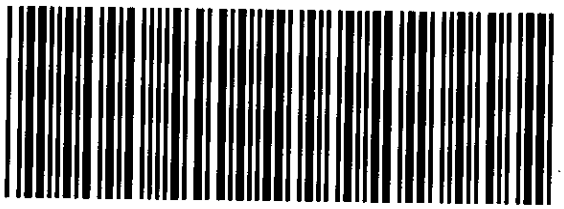
POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

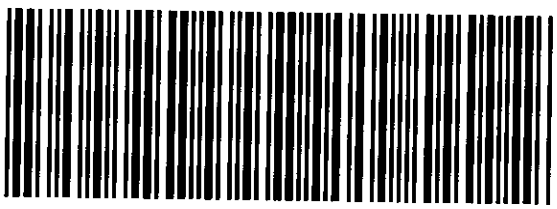
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 10/17/14

14020992189



SEN PATCH



SEN PATCH